

FROM

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IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

First Named Applicant: John E. Schommer) Art Unit: 3752
Serial No.: 09/901,155) Examiner: Kim
Filed: July 10, 2001) 1118.002
For: WATERBROOM) September 1, 2004
CUSTOMER NO. 24955) 750 B Street, Suite 3120 San Diego, CA 92101

Commissioner for Patents
Alexandria, VA 22313

TRANSMITTAL LETTER FOR REVOCATION POWER OF ATTORNEY

Dear Sir:

Enclosed herewith is the following:

1. Revocation of Power of Attorney and Change of Correspondence Address Form, 1 page signed, 1 page unsigned for clarity purposes.

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PTO/SB/62 (08-02)

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REVOCATION OF POWER OF ATTORNEY WITH NEW POWER OF ATTORNEY AND CHANGE OF CORRESPONDENCE ADDRESS

Application Number	08/901,186
Filing Date	07/10/2001
First Named Inventor	Schommer
Art Unit	3762
Examiner Name	Christopher S. Kim
Attorney Docket Number	1110.002

I hereby revoke all previous powers of attorney given in the above-identified application.

A Power of Attorney is submitted herewith.

OR

I hereby appoint the practitioners associated with the Customer Number:

24055

Please change the correspondence address for the above-identified application to:

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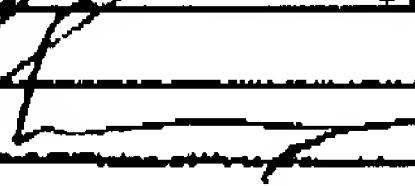
Fax

I am the:

Applicant/Inventor.

Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/66)

SIGNATURE of Applicant or Assignee of Record

Name	John E. Schommer		
Signature			
Date	September 1, 2004	Telephone	703-762-0944

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is needed. See below.

Total of 1 forms are submitted.

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PTO/SB/82 (09-03)

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**REVOCATION OF POWER OF
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Application Number	09/901,155
Filing Date	07/10/2001
First Named Inventor	Schommer
Art Unit	3752
Examiner Name	Christopher S. Klim
Attorney Docket Number	1118.002

I hereby revoke all previous powers of attorney given in the above-identified application. A Power of Attorney is submitted herewith.**OR** I hereby appoint the practitioners associated with the Customer Number:

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I am the:

 Applicant/Inventor. Assignee of record of the entire interest. See 37 CFR 3.71.
*Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)***SIGNATURE of Applicant or Assignee of Record**

Name	John E. Schommer		
Signature			
Date	September 1, 2004	Telephone	760-752-9944

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

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